

**Exhibit 3**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State

U.C.C. Filing Section

Filed: 11:36 AM 04/30/2024

U.C.C. Initial Filing No: 2024 2851812

Service Request No: 20241742066

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**Creativebug, LLC**  
 OR 1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS  
**2560 Ninth Street, Units 314 and 316** CITY **Berkeley** STATE **CA** POSTAL CODE **94710** COUNTRY **USA**

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
 OR 2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Wilmington Savings Fund Society, FSB, as Collateral Agent**  
 OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**500 Delaware Avenue, 11th Floor** **Wilmington** **DE** **19801** **USA**

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:6b. Check only if applicable and check only one box:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing
---	--	---	--	---

7. ALTERNATIVE DESIGNATION (if applicable)  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Delaware Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

**Delaware Department of State**  
**U.C.C. Filing Section**  
**Filed: 11:37 AM 04/30/2024**  
**U.C.C. Initial Filing No: 2024 2851911**

Service Request No: 20241742101

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**Creative Tech Solutions LLC**

OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	5555 Darrow Road	Hudson	OH	44236
	STATE	POSTAL CODE	COUNTRY	
	USA			

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	2a. ORGANIZATION'S NAME			
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
	500 Delaware Avenue, 11th Floor	Wilmington	DE	19801
	STATE	POSTAL CODE	COUNTRY	
	USA			

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Wilmington Savings Fund Society, FSB, as Collateral Agent**

OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	500 Delaware Avenue, 11th Floor	Wilmington	DE	19801
	STATE	POSTAL CODE	COUNTRY	
	USA			

4. COLLATERAL: This financing statement covers the following collateral:

**All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:6b. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: **Delaware Secretary of State**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State

U.C.C. Filing Section

Filed: 11:35 AM 04/30/2024

U.C.C. Initial Filing No: 2024 2851762

Service Request No: 20241742028

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**Dittopatterns LLC**  
 OR 1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS  
**5555 Darrow Road**  
 CITY **Hudson** STATE **OH** POSTAL CODE **44236** COUNTRY **USA**

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
 OR 2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS  
 CITY

STATE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Wilmington Savings Fund Society, FSB, as Collateral Agent**  
 OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS  
**500 Delaware Avenue, 11th Floor**  
 CITY **Wilmington** STATE **DE** POSTAL CODE **19801** COUNTRY **USA**

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box:

 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):

 Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Delaware Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

**Delaware Department of State**  
**U.C.C. Filing Section**  
**Filed: 11:33 AM 04/30/2024**  
**U.C.C. Initial Filing No: 2024 2851630**

Service Request No: 20241741904

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**Needle Holdings LLC**  
 OR 1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS  
**5555 Darrow Road** CITY STATE POSTAL CODE COUNTRY  
**Hudson** OH **44236** USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
 OR 2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Wilmington Savings Fund Society, FSB, as Collateral Agent**  
 OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**500 Delaware Avenue, 11th Floor** Wilmington DE 19801 USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:6b. Check only if applicable and check only one box:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing
---	--	---	--	---

7. ALTERNATIVE DESIGNATION (if applicable)  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: **Delaware Secretary of State**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

Delaware Department of State

U.C.C. Filing Section

Filed: 11:32 AM 04/30/2024

U.C.C. Initial Filing No: 2024 2851556

Service Request No: 20241741813

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

**WEAVEUP, INC.**

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

**5555 Darrow Road**

CITY

**Hudson**

STATE

**OH**

POSTAL CODE

COUNTRY

**USA**

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

**USA**

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

**Wilmington Savings Fund Society, FSB, as Collateral Agent**

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

**500 Delaware Avenue, 11th Floor**

CITY

**Wilmington**

STATE

**DE**

POSTAL CODE

COUNTRY

**USA**

4. COLLATERAL: This financing statement covers the following collateral:

**All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:6b. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):

 Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**File with: Delaware Secretary of State**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

**Delaware Department of State**  
**U.C.C. Filing Section**  
**Filed: 11:34 AM 04/30/2024**  
**U.C.C. Initial Filing No: 2024 2851721**

Service Request No: 20241741964

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**JOANN Holdings 2, LLC**  
 OR 1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS  
**5555 Darrow Road** CITY STATE POSTAL CODE COUNTRY  
**Hudson** OH **44236** USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
 OR 2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Wilmington Savings Fund Society, FSB, as Collateral Agent**  
 OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**500 Delaware Avenue, 11th Floor** Wilmington DE 19801 USA

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:6b. Check only if applicable and check only one box:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing
---	--	---	--	---

7. ALTERNATIVE DESIGNATION (if applicable)  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: **Delaware Secretary of State**



FS Number: OH00281259410  
 Date Filed: 30 April 2024  
 15:23:58

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
 524 S 2nd Street, Suite 505  
 Springfield  
 ILLINOIS  
 62701  
 United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** joann.com, LLC  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson      **STATE:** OHIO      **POSTAL CODE:** 44236      **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington      **STATE:** DELAWARE      **POSTAL CODE:** 19801      **COUNTRY:** United States

### COLLATERAL INFORMATION

#### This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No

Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

joann.com, LLC

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>joann.com, LLC</b>	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 1b. INDIVIDUAL'S SURNAME					
1c. MAILING ADDRESS <b>5555 Darrow Road</b>	CITY <b>Hudson</b>	STATE <b>OH</b>	POSTAL CODE <b>44236</b>	COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 2b. INDIVIDUAL'S SURNAME					
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Wilmington Savings Fund Society, FSB, as Collateral Agent</b>	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME					
3c. MAILING ADDRESS <b>500 Delaware Avenue, 11th Floor</b>	CITY <b>Wilmington</b>	STATE <b>DE</b>	POSTAL CODE <b>19801</b>	COUNTRY <b>USA</b>	

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State



FS Number: OH00281258175  
 Date Filed: 30 April 2024  
 15:14:49

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
 524 S 2nd Street, Suite 505  
 Springfield  
 ILLINOIS  
 62701  
 United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** Jo-Ann Stores, LLC  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson      **STATE:** OHIO      **POSTAL CODE:** 44236      **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington      **STATE:** DELAWARE      **POSTAL CODE:** 19801      **COUNTRY:** United States

### COLLATERAL INFORMATION

#### This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No

Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

Jo-Ann Stores flat

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>Jo-Ann Stores, LLC</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 1b. INDIVIDUAL'S SURNAME			
1c. MAILING ADDRESS <b>5555 Darrow Road</b>	CITY <b>Hudson</b>	STATE <b>OH</b>	POSTAL CODE <b>44236</b>
			COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 2b. INDIVIDUAL'S SURNAME			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Wilmington Savings Fund Society, FSB, as Collateral Agent</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME			
3c. MAILING ADDRESS <b>500 Delaware Avenue, 11th Floor</b>	CITY <b>Wilmington</b>	STATE <b>DE</b>	POSTAL CODE <b>19801</b>
			COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State



FS Number: OH00281257052  
 Date Filed: 30 April 2024  
 14:53:04

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
 524 S 2nd Street, Suite 505  
 Springfield  
 ILLINOIS  
 62701  
 United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** Jo-Ann Stores Support Center, Inc.  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson      **STATE:** OHIO      **POSTAL CODE:** 44236      **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington      **STATE:** DELAWARE      **POSTAL CODE:** 19801      **COUNTRY:** United States

### COLLATERAL INFORMATION

#### This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No

Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

Jo-Ann Stores

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**Jo-Ann Stores Support Center, Inc.**  
 OR 1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS  
**5555 Darrow Road**  
 CITY **Hudson** STATE **OH** POSTAL CODE **44236** COUNTRY **USA**

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
 OR 2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS  
 CITY

STATE

POSTAL CODE

COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Wilmington Savings Fund Society, FSB, as Collateral Agent**  
 OR 3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS  
**500 Delaware Avenue, 11th Floor**  
 CITY **Wilmington** STATE **DE** POSTAL CODE **19801** COUNTRY **USA**

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:6b. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):

 Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State



FS Number: OH00281256717  
 Date Filed: 30 April 2024  
 14:44:11

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
 524 S 2nd Street, Suite 505  
 Springfield  
 ILLINOIS  
 62701  
 United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** JOANN DITTO HOLDINGS INC.  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson      **STATE:** OHIO      **POSTAL CODE:** 44236      **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington      **STATE:** DELAWARE      **POSTAL CODE:** 19801      **COUNTRY:** United States

### COLLATERAL INFORMATION

#### This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No

Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

JOANN DITTO

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**JOANN DITTO HOLDINGS INC.**

OR  
 1b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  
 1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  
**5555 Darrow Road** **Hudson** **OH** **44236** **USA**

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME  
 OR  
 2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  
 2c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Wilmington Savings Fund Society, FSB, as Collateral Agent**  
 OR  
 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  
 3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  
**500 Delaware Avenue, 11th Floor** **Wilmington** **DE** **19801** **USA**

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:6b. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State



FS Number: OH00281255583  
 Date Filed: 30 April 2024  
 14:22:58

## UCC FINANCING STATEMENT

### FOR FILING OFFICE USE ONLY

**NAME OF CONTACT AT FILER:** SPI Corporate Solutions, Inc.  
**PHONE NUMBER:** 888-314-3998  
**EMAIL CONTACT AT FILER:** mhawkins@spinationwide.com  
**SEND ACKNOWLEDGEMENT TO:** SPI Corporate Solutions, Inc.  
 524 S 2nd Street, Suite 505  
 Springfield  
 ILLINOIS  
 62701  
 United States

### DEBTOR INFORMATION

**ORGANIZATION'S NAME:** JAS Aviation, LLC  
**MAILING ADDRESS:** 5555 Darrow Road  
**CITY:** Hudson      **STATE:** OHIO      **POSTAL CODE:** 44236      **COUNTRY:** United States

### SECURED PARTY INFORMATION

**ORGANIZATION'S NAME:** Wilmington Savings Fund Society, FSB, as Collateral Agent  
**MAILING ADDRESS:** 500 Delaware Avenue, 11th Floor  
**CITY:** Wilmington      **STATE:** DELAWARE      **POSTAL CODE:** 19801      **COUNTRY:** United States

### COLLATERAL INFORMATION

#### This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

### FILING TYPE

Transmitting Utility: No

Public Finance: No

Manufactured Home: No

Agriculture Lien: No

Non-Ucc Filing: No

#### **ALTERNATIVE DESIGNATION**

Lessee/Lessor: No

Consignee/Consignor: No

Seller/Buyer: No

Bailee/Bailor: No

Licensee/Licensor: No

#### **PACKET NUMBER**

JAS Aviation, LLC

#### **OPTIONAL FILER REFERENCE DATA:**

File with: Ohio Secretary of State

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME &amp; PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Gibson, Dunn & Crutcher LLP  
 200 Park Avenue  
 New York, NY 10166-0193

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>JAS Aviation, LLC</b>				
OR 1b. INDIVIDUAL'S SURNAME				
1c. MAILING ADDRESS <b>5555 Darrow Road</b>		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX	
		<b>Hudson</b>	STATE <b>OH</b>	POSTAL CODE <b>44236</b>
COUNTRY <b>USA</b>				

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME				
2c. MAILING ADDRESS		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX	
		<b>CITY</b>	STATE	POSTAL CODE
COUNTRY				

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Wilmington Savings Fund Society, FSB, as Collateral Agent</b>				
OR 3b. INDIVIDUAL'S SURNAME				
3c. MAILING ADDRESS <b>500 Delaware Avenue, 11th Floor</b>		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)      SUFFIX	
		<b>CITY</b>	STATE <b>DE</b>	POSTAL CODE <b>19801</b>
COUNTRY <b>USA</b>				

4. COLLATERAL: This financing statement covers the following collateral:

All assets of the Debtor, whether now existing or hereafter acquired, including, without limitation, all products and proceeds thereof.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

6b. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with: Ohio Secretary of State